

# Review of compliance

Mr Guy Hadow Lennox Lodge	
<b>Region:</b>	South East
<b>Location address:</b>	37 The Highlands Lennox Lodge Bexhill-on-Sea East Sussex TN39 5HL
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Lennox Lodge is a residential home for 30 older people. The home is fully accessible for people with mobility problems. 29 rooms have an ensuite facility. Accommodation is provided over three floors and a shaft lift is in place for people to access all floors. A range of communal spaces are available including two conservatories.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Lennox Lodge was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 March 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us that they were very happy living at the home. They spoke positively about the kindness and compassion of staff, and said they enjoyed their environment and the food they received. We observed people making good use of all the communal spaces in the home and the garden during our visit.

### What we found about the standards we reviewed and how well Lennox Lodge was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People felt enabled to make choices and decisions about their care and support. They felt that staff showed compassion and kindness in their support of them.

Overall we found that Lennox Lodge was meeting this essential standard.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

In general people in the home had their needs assessed and care plans were person centred, supported by risk information. However, not all risk information was completed or updated and omissions in recording were noted that failed to reflect changes in needs or the impact of mental health

conditions.

Overall we found that Lennox Lodge was not meeting this essential standard

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Satisfactory systems were in place for the safe management of medication. However, medications outside of blister packs were not dated upon opening, and individualised protocols to ensure consistency in administration of as required medications were not in place.

Overall we found that Lennox Lodge was meeting this essential standard but, to maintain this, we suggested that improvements were made.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The home provided a clean, comfortable, well maintained environment for the people living there. However, not all risks had been assessed or equipment serviced in a timely manner.

Overall we found that Lennox Lodge was not meeting this essential standard

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

In general there was a satisfactory recruitment system in place, documentation was easy to navigate. However, there were gaps in employment histories.

Overall Lennox Lodge was meeting this essential standard but to maintain this improvement was needed.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Not all staff had received mandatory training to ensure they had the basic skills and knowledge required to fulfil their role, and this could compromise the safety of people in the home. Staff induction consisted of a check list and their competencies were not assessed.

Overall we found that Lennox lodge was not meeting this essential standard

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People living in the home, their relatives and visitors were able to give feedback about the home annually; staff said they felt able to raise issues. Staff and people in the home were not provided with regular forums to receive information and give feedback.

Informal audits and assessment of service quality were undertaken by the provider.

However, these checks, or actions taken as a result to effect service improvement were not documented.

Overall we found that Lennox Lodge was not meeting this essential standard.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they were happy living in the home and they spoke positively about kindness and patience of the staff. They felt that they were consulted about their care and support and enabled to make choices and decisions for themselves.

##### Other evidence

We undertook a short observational framework for inspection (SOFI) observation of a group of people having lunch. During this observation we noted staff interactions were very good. Staff were seen to spontaneously engage with people. They provided positive encouragement and support to those who needed it and chatted with others. We observed someone being supported to eat their meal by a staff member; this was undertaken at an appropriate pace for the person and was discreet. The same staff member was seen to engage with the person and others at the table appropriately. There was a good atmosphere over the lunch period with people chatting to other people who were sitting at their tables.

Staff were seen consulting with people in the home in respect of what they wanted to do, lunch choices and whether they wanted a hat, sun cream or anything else. Staff knocked on doors before entering and provided support for people who needed it.

People said they found staff very good.

A visitor said she had observed staff supporting people and had noted they were always kind and compassionate. We heard staff talking to people outside on the terrace. They were asked if they were not too hot, did they need tops/cardigans, did they want to stay where they were or did any of them want to move.

**Our judgement**

People felt enabled to make choices and decisions about their care and support. They felt that staff showed compassion and kindness in their support of them.

Overall we found that Lennox Lodge was meeting this essential standard.



## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with seven people who lived at the home. Everyone spoke positively about living at the home and how good staff were.

One person told us that they felt very lucky to live at the home. They told us that following discussion with the provider/manager a regular church service was being established, which they were pleased about.

Only one person said they did not have enough to do and sometimes got bored. Other people said they were happy with the range of activities and confirmed staff facilitated quizzes, general knowledge and music games.

One person told us that they came and went from the home and used taxis to get around.

##### Other evidence

We looked at four care and support plans, these evidenced pre-admission assessment information was being gathered. Support plans were personalised and contained good content.

Plans indicated evidence of review. However, care plans did not fully reflect some people's current needs or consider the impact of longstanding mental health problems. For example, one person whose file we viewed was at a low weight. Staff told us that they were in receipt of 'fortisips', but a nutritional assessment had not been completed.

The care plan did not reflect the need for supplements or a need to monitor weight loss.

Another person we met whose file we viewed had a long standing mental health problem and their care plan made little reference to this. For example, how this impacted on the person, or indicators of breakdown for staff to be aware of.

The file of a person admitted some weeks previously was viewed. We found that a care plan had not yet been developed to inform staff, there was also an absence of risk information to support care delivery.

A general risk assessment sheet in addition to moving and handling assessments were noted in three out of four of the files viewed. This information was overdue for update in three out of four files viewed.

Weights were routinely recorded.

Nutritional screening assessments were noted in all files viewed, however, they were not completed to highlight whether people were at risk.

We noted a good system for recording health contacts and appointments; however this had not always been maintained.

Day and night logs were recorded separately. The content of entries in both logs was inconsistent, with some entries providing good detail whilst others on the same page provided only generic comments.

Entries for all the people in the home were not recorded separately but were recorded on the same pages, thereby compromising the privacy and confidentiality of people in the home.

### **Our judgement**

In general people in the home had their needs assessed and care plans were person centred, supported by risk information.

However, not all risk information was completed or updated and omissions in recording were noted that failed to reflect changes in needs or the impact of mental health conditions.

Overall we found that Lennox Lodge was not meeting this essential standard

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

People were not asked to comment about this outcome.

##### Other evidence

The Home had recently changed their pharmacy provider. A senior staff member advised that the new pharmacy representative visited twice each month, to ensure that medications were appropriately re-ordered and also to undertake a monthly audit.

The pharmacy was also provided medication training to staff.

We checked medication storage. The home had recently acquired a drug fridge this was set at the correct temperature and was monitored. On the day we visited the fridge was unlocked. A staff member was unaware of where the key was kept.

Eye drops stored in the fridge were dated upon opening.

The home used a medication trolley, this was neat and tidy and contained blister packs of medications in addition to separate boxes and bottles of medications. Medications outside of the blister packs were not dated upon opening. The trolley was kept locked and staff reported that the medication key was handed over at each shift change.

A review of medication administration records highlighted no omissions in recording. Records were separated from each other by dividers with a photo of the respective

person and any additional information regarding allergies.

We were informed that there were a small number of people who were also prescribed 'as required' (PRN) medications, but no individualised protocols had been established for each person to ensure consistency of administration.

One person was in receipt of a controlled drug and this was appropriately recorded in the controlled drug book. The book was not in a good state and we were advised that a new book was on order. A controlled drug cabinet was in place for the secure storage of these medications. Spoiled or refused medications were securely stored with the details of the person they related to and returned to the pharmacy.

### **Our judgement**

Satisfactory systems were in place for the safe management of medication. However, medications outside of blister packs were not dated upon opening, and individualised protocols to ensure consistency in administration of as required medications were not in place.

Overall we found that Lennox Lodge was meeting this essential standard but, to maintain this, we suggested that improvements were made.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

People told us that they liked the environment of the home which they found comfortable, clean and homely.

##### Other evidence

When we visited we observed the home to be clean, well maintained and offering a homely and comfortable environment for people to live in.

Apart from one bedroom where a particular continence issue existed there were no unpleasant odours.

All residents' bedrooms with the exception of one had ensuite facilities. Bedrooms were furnished to a good standard and people had been able to personalise these to their own taste.

Separate cleaning staff were not employed by the home. These tasks were undertaken by the care staff. When we spoke with care staff about how this affected their ability to support the people in the home, they indicated they found the current system worked well. Care staff had specific responsibility for some rooms and the people living in them. Staff reported there was a set cleaning schedule for them to follow but this was not available to view at the visit.

We were advised that night staff were responsible for ensuring that communal spaces, bathrooms, and toilets were kept clean. The system appeared to work well without detriment to the residents. Those people spoken with including a professional visitor to

the home confirmed the home was always clean and tidy and maintained to a good standard.

We viewed servicing of equipment and services in the home. We noted that the gas landlord certificate was just out of date. We were advised that a plumber had recently visited to make the necessary checks and the certificate for this had not been received yet.

We observed that a hoist used for one person in particular had not been serviced and the provider confirmed that it had not been serviced since its purchase over one year ago.

There was no evidence that an electric bath seat and a bath hoist had been serviced.

Portable appliance testing had been completed by the registered provider.

The electrical installation was due to be rechecked again in 2012.

The fire risk assessment was updated in January 2012. We noted that there were no individual fire evacuation assessments for people in the home to highlight any particular risks to their safe evacuation.

Apart from fire drills conducted as part of fire training there was no evidence that fire drills were routinely held for night or day staff.

Staff we spoke with confirmed that fire points were routinely tested but records to evidence these were not provided.

A visit by the fire officer in June 2011 highlighted some recommended improvements with a timescale for completion by January 2012. In discussion the provider indicated these had only partly been implemented to date.

Some building works were underway to improve ensuite arrangements in one bedroom. This room and another ground floor bedroom were out of use as a result of these works and were kept locked to ensure people in the home did not wander into an unsafe area. Some work was also underway in the garden to create some raised flower beds. Some loose wood was piled in the garden and this posed a risk to people in the home. A risk assessment in respect of the building and garden works had not been completed.

Fire and emergency lighting servicing had been completed 18 November 2011. The nurse call system was due for updating in March 2012.

The garden was maintained to a good standard and was accessible to people in the home. Recent pruning of large hedges had provided an improved view of the surrounding area and increased natural light into the communal areas of the home.

People in the home were observed making good use of all communal areas and the garden.

### **Our judgement**

The home provided a clean, comfortable, well maintained environment for the people

living there. However, not all risks had been assessed or equipment serviced in a timely manner.

Overall we found that Lennox Lodge was not meeting this essential standard

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

People were not asked to comment about this outcome. However, people did comment on the kind and compassionate nature of the staff working in the home.

##### Other evidence

As we were aware that there had been some personnel changes, including the manager post being vacant we decided to look at staff records during our visit.

We looked at seven (33%) of staff files. In general content was good with evidence of application forms, interview records and offer letters. Six out of seven files contained two references; criminal records bureau (CRB) checks and three files were seen to have current photographs of the staff concerned.

The staff member without a CRB was not a member of the care staff, and was usually under supervision when working. However, the provider was aware that no staff should be working at the home until a satisfactory CRB was in place.

With the exception of two files, employment histories in files viewed were incomplete. There was no documented evidence on interview forms that verification had been sought from applicants, as to their reasons for leaving previous care roles.

There was no system in place for recording discussions that had taken place in respect of unclear criminal record checks.



**Our judgement**

In general there was a satisfactory recruitment system in place, documentation was easy to navigate. However, there were gaps in employment histories.

Overall Lennox Lodge was meeting this essential standard but to maintain this improvement was needed.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People were not asked to comment on this outcome.

##### Other evidence

When we visited staff were initially unclear who was in charge on the day. In the absence of a registered manager the registered providers were providing management support. However, there was a lack of clarity as to what the lines of accountability were in their absence.

When we spoke with staff on duty they told us that they had undertaken some mandatory training and that opportunities were made available for them to pursue national vocational qualifications.

A newer staff member told us that they had received an induction and had worked in a supernumerary capacity for one week prior to working on shift.

When we looked at staff files we found evidence of an induction and orientation to the service but this consisted of tick boxes. We found no evidence that new staff had worked through learning sets, or that their competencies had been formerly assessed.

We looked at seven staff files that also contained evidence of their training certificates for courses completed. Out of seven staff files only one staff member had completed all mandatory training, some of this was now due or overdue updates.

Five staff had not completed moving and handling training. Two staff had not completed

first aid training although one of these staff worked in the kitchen. Five staff had not completed fire training. Two care staff had not completed medication training. Five staff had not completed infection control training. Four staff had not completed food hygiene training including someone who worked in the kitchen. Three staff had not completed any safeguarding vulnerable adults training. Five staff had not completed health and safety training.

There was evidence that the provider had identified shortfalls in staff training and had implemented a programme of training to bring this up to date. Last week some of the staff undertook moving and handling training. Further dates for moving and handling and protection of vulnerable adults were also noted.

Staff were now in receipt of independent supervision every three months from someone appointed by the provider. However, from the records of supervisions it was unclear what actions needed to be taken forward or picked up again at the next meeting to record progress. In addition the independent supervisor did not observe staff practice. Staff practice shortfalls, therefore, would not necessarily be highlighted within supervision or linked to further competency training and development.

We noted a system of appraisal was in place for all staff. However records of appraisal were seen to have very little content and we found that in six out of seven files viewed, appraisals were unsigned and dated by the person undertaking the appraisal.

### **Our judgement**

Not all staff had received mandatory training to ensure they had the basic skills and knowledge required to fulfil their role, and this could compromise the safety of people in the home. Staff induction consisted of a check list and their competencies were not assessed.

Overall we found that Lennox lodge was not meeting this essential standard

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

One person we spoke with suggested that they would like to see the development of a regular meeting for people who lived in the home to exchange information.

##### Other evidence

The home seeks feedback from people using the service, their relatives and also other professionals who have contact with the home through annual surveys.

We reviewed the returned questionnaires and noted the very positive visitor feedback. There was good evidence of evaluation and analysis of the surveys and the actions taken by the home to address issues raised.

Apart from the medication audit undertaken by the pharmacy we were provided with no other documented evidence of systems established in the home for the assessment and audit of service delivery.

However from discussion with staff and the registered provider we were made aware of the frequency of the provider's presence within the home, particularly in the absence of a registered manager.

The provider told us that they undertook random checks of some documentation, and the environment but had not recorded this, or actions taken as a result. The provider was able to cite some recent actions taken as a result of findings from such visits. This included disciplinary action against staff leading to their subsequent discharge from

their employment.

There was an independent audit of medication undertaken by the new pharmacy provider, who also undertook to visit twice each month to audit medication and also to book in medications to the home. The pharmacy also provided medication training to staff.

Health and safety monitoring was undertaken but not recorded.

There was no evidence that staff or resident meetings were held, however staff reported that they found the registered provider approachable and felt able to raise issues.

Notifications of a recent death and another incident that resulted in a resident being taken to A&E had not been reported to the Care Quality Commission. In discussion with the provider it became apparent that there had been some confusion following a change to reporting arrangements as to what provider/managers were expected to report.

The provider had notified the Care Quality Commission of the cancellation of the registered manager in January 2012. However, in discussion with the registered provider we established that since then they had not sought to advertise the post.

### **Our judgement**

People living in the home, their relatives and visitors were able to give feedback about the home annually; staff said they felt able to raise issues. Staff and people in the home were not provided with regular forums to receive information and give feedback.

Informal audits and assessment of service quality were undertaken by the provider. However, these checks, or actions taken as a result to effect service improvement were not documented.

Overall we found that Lennox Lodge was not meeting this essential standard.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b>            In general people in the home had their needs assessed and care plans were person centred, supported by risk information. However, not all risk information was completed or updated and omissions in recording were noted that failed to reflect changes in needs or the impact of mental health conditions.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p><b>How the regulation is not being met:</b>            The home provided a clean, comfortable, well maintained environment for the people living there. However, not all risks had been assessed or equipment serviced in a timely manner.</p> <p>Overall we found that Lennox Lodge was not meeting this essential standard</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p><b>How the regulation is not being met:</b></p>	

	Not all staff had received mandatory training to ensure they had the basic skills and knowledge required to fulfil their role, and this could compromise the safety of people in the home. Staff induction consisted of a check list and their competencies were not assessed.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>How the regulation is not being met:</b> People living in the home, their relatives and visitors were able to give feedback about the home annually; staff said they felt able to raise issues. Staff and people in the home were not provided with regular forums to receive information and give feedback.</p> <p>Informal audits and assessment of service quality were undertaken by the provider. However, these checks, or actions taken as a result to effect service improvement were not documented.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.



## Information for the reader

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